

**OPEN-ENDED/RATE BASED REQUEST FOR PROPOSALS  
UTAH STATE DEPARTMENT OF HUMAN SERVICES  
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

**DHS RFP # 40303**

**I. PURPOSE**

This is a Request for Proposals (RFP) issued on behalf of the Utah State Department of Human Services, Division of Services for People with Disabilities (DHS/DSPD or Requesting Agency). The purpose of this RFP is to enter into a contract with a qualified Offeror to conduct psychological evaluations for persons referred to the Offeror by DHS/DSPD. The evaluations are used to determine if persons have mental retardation and/or other developmental disabilities, and meet the initial and ongoing eligibility criteria for DHS/DSPD services. This Request for Proposals (RFP) replaces RFP #40219, dated September 2001.

This RFP is designed to provide interested Offerors with sufficient information to prepare a proposal that will meet the minimum requirements of the RFP. However, it is not intended to limit or exclude content or data deemed relevant or essential by the Offeror. In fact, Offerors are encouraged to expand upon the specifications in the RFP to evidence their service capability under any agreement.

**II. GENERAL INFORMATION**

**A. ISSUING OFFICE AND RFP REFERENCE NUMBER**

The Department of Human Services (DHS), Bureau of Contract Management (BCM) is the Issuing Office for this RFP and all related addenda. The reference number for the RFP (as identified above) must be referred to on all proposals, as well as all correspondence and documentation relating to the RFP.

**B. CONTACT PERSON**

Questions regarding the proposal may be addressed to: Alan Tribble or Teena Scholte, at DHS/DSPD, 120 North 200 West, Room 411, Salt Lake City, Utah 84103 or by calling (801) 538-4200. Questions can also be sent via E-mail to [atribble@utah.gov](mailto:atribble@utah.gov) or [tscholte@utah.gov](mailto:tscholte@utah.gov).

**C. ELIGIBILITY**

Proposals may be submitted by both qualified individuals and public or private nonprofit or for-profit organizations.

**D. CONTRACT PERIOD AND CONTRACT REIMBURSEMENT**

It is anticipated that this RFP will result in multiple contract awards. Contracts awarded pursuant to this RFP will be written for a period of up to three (3) years (the actual length of any given contract will depend on the date the contract is awarded), commencing on or after October 1, 2004 and terminating no later than September 30, 2007.

The first year of all contracts with Offerors who do not have an existing contract with DHS/DSPD or who have an existing contract but are on corrective action at the time a contract is awarded pursuant to this RFP will be a probationary period. **During the probationary period, Offerors must pass a DHS/DSPD annual review or their contract will be terminated.**

E. SUBMISSION OF PROPOSALS

Offerors shall submit 4 **identical hard copies (including one original)** of the original proposal to the location below on or before the closing date and time stated below. **Faxed Proposals will not be accepted.**

**Mailing Address:**

Department of Human Services  
Bureau of Contract Management  
Attention: Rosalie Nance, Purchasing Agent  
120 North 200 West, Room #213  
Salt Lake City, UT 84103

**Hand-Delivery Address:**

Department of Human Services  
Attention: Rosalie Nance, Purchasing Agent  
First Floor Information Desk  
120 North 200 West  
Salt Lake City, Utah

Any costs incurred in the preparation and submission of proposals or amendments pursuant to this RFP are the responsibility of the Offeror and will not be reimbursed. In addition, all materials submitted become the property of the State of Utah and will not be returned.

F. AMENDMENTS TO PROPOSALS

Amendments to proposals will be accepted at any time prior to the initial due date and time for receiving proposals, thereafter, amendments will be accepted at the discretion of the Requesting Agency.

G. RFP CLOSING DATE AND INITIAL DUE DATE AND TIME FOR RECEIVING PROPOSALS

**This RFP will remain open until June 30, 2007**, unless rescinded earlier at the discretion of the Requesting Agency. Offerors may submit proposals any time during the period the RFP is open.

**The initial due date and time for submitting proposals is August 10, 2004 at 3:00 p.m.** Offerors seeking early review of their proposals must submit their proposals on or before this date. Proposals received after the initial due date stated above will be reviewed as they are received.

H. REGISTRATION OF PROPOSALS

The Issuing Office will open and register all proposals received following the initial due date and time for receiving proposals. Proposals received thereafter will be opened and registered as they are received. The names of registered Offerors are public information.

I. EVALUATION OF PROPOSALS

An evaluation committee to evaluate all registered proposals shall be convened by the Reviewing Agency following the initial due date of the RFP and thereafter pursuant to the schedule stated in paragraph G above. DHS has complete discretion in determining the composition of the evaluation committee. Proposals shall be evaluated against the criteria stated in the RFP. To be considered responsive, proposals must address each area of the evaluation criteria in detail.

J. AWARD

1. The award of a contract(s) under this RFP will be made in accordance with the stated evaluation criteria. Factors not specified in the Proposal shall not be considered in determining the award and shall not be negotiated to be included in the contract. Specific proposed services and rates or service costs will be determined at the time of contract negotiation.
2. The Division reserves the right to select the most appropriate contractor to provide services from among those awarded contracts.
3. The award of a contract under this RFP **is not a guarantee that the contractor will be requested to provide any services.**

K. STANDARD CONTRACT TERMS AND CONDITIONS

Any contract resulting from this RFP will include the standard terms and conditions contained in the DHS Service Contract. A copy of these standard terms and conditions can be obtained from the Requesting Agency. The State of Utah and DHS reserve the right to make changes to the standard terms and conditions at any time prior to the time a contract is executed with an Offeror.

L. PROPRIETARY INFORMATION

The proposals of successful Offerors become public information for a period of 90 days after a contract is awarded. During this time period, any individual or entity desiring to do so may review the proposal. Proprietary information contained in a proposal, such as client lists and non-public financial statements can be protected under limited circumstances (the pricing and service elements of a proposal are not considered proprietary and must not be designated as such). Any specific proprietary information contained in an Offeror's proposal that the Offeror wants protected must be clearly identified and highlighted in the body of the original proposal. In addition, Offerors must submit in the Executive Summary portion of their proposals, a justification statement explaining why the highlighted information is to be protected. It is unacceptable to designate an entire proposal as proprietary! Proposals not identifying any proprietary information will be released in their entirety.

M. RESERVATION OF RIGHTS

The Requesting Agency reserves the right to reject any and all proposals received or to withdraw this offer at any time. Furthermore, if only one proposal is received in response to this RFP, the Requesting Agency may request that the issuing office either make an award or re-solicit for the purpose of obtaining additional proposals.

III. SERVICE REQUIREMENTS AND EXPECTATIONS

Below is a description of the basic service requirements and expectations Offerors must meet if awarded a contract.

A. BACKGROUND

DHS/DSPD strives to promote opportunities and provide supports for persons with disabilities to lead self-determined lives. DHS/DSPD administers home and community based services for more than 4,000 people who have disabilities. Assistance includes residential options, day services and supports for the families who care for people with disabilities.

Persons with mental retardation or developmental disabilities must submit a psychological evaluation to assist DHS/DSPD in determining eligibility for services offered by DHS/DSPD.

B. GENERAL DESCRIPTION OF SERVICE OR SUPPORT

Division staff shall make referrals/requests for psychological evaluations to the Contractor, in writing, under the following circumstances:

1. Initial psychological evaluation required to determine eligibility if the information submitted by the Person is insufficient to make a determination.
2. Additional psychological testing may be required to determine ongoing eligibility.
3. Consultation to assist DHS/DSPD staff in interpreting evaluations.

C. DESCRIPTION OF THE POPULATION TO BE SERVED

Persons who apply for services with DHS/DSPD and are referred for evaluation by DHS/DSPD to assist in determining eligibility as per Administrative Rule R539-1. Persons already in services may be referred for ongoing eligibility.

#### D. CONTRACTOR'S QUALIFICATIONS

The Contractor shall be a Psychologist licensed by the State of Utah with experience in conducting psychological evaluations for determining eligibility. Contractor must also have experience working directly with people with mental retardation and developmental disabilities. The Contractor shall maintain a current license to provide the services described herein.

A background check, performed by the Bureau of Criminal Investigation (BCI), shall be performed and documented prior to contract referral.

#### E. GENERAL REQUIREMENTS

Contractor shall perform individualized psychological evaluations, including assessment of intellectual functioning and adaptive behavior, to assist DHS/DSPD in determining a Person's eligibility for services. Persons shall be referred to the Contractor by DHS/DSPD staff in writing. Contractor shall provide DHS/DSPD with a written report documenting the results of the psychological evaluation within 20 business days of the date of the referral.

Occasions may arise that require consultation in determining the eligibility of Persons with unusual circumstances. Consultation surrounding administrative hearings or court proceedings may also be needed. Contractor shall be available for consultation to DHS/DSPD staff as needed. Consultations will not require a full psychological evaluation, but possibly a written statement reflecting the Contractor's professional opinion. Contractor shall be paid at a quarter hour rate under these circumstances. Limitations on the number units or timeframe shall be included in DHS/DSPD's initial request to the Contractor.

#### F. ASSESSMENT REQUIREMENTS

The Contractor shall provide DHS/DSPD with a written report of the psychological evaluation for each person assessed. Each report shall contain the following information:

1. Referral question to be addressed in the evaluation.
2. Description of assessment tools and procedures used.
3. Written summary from review of the person's developmental history, educational history, and past psychological evaluations.
4. Scores and interpretation of intellectual functioning test(s).
  - a. Most current full versions of individually administered tests of intellectual functioning are required. Versions of the Weschler Scales (WISC-IV or WAIS-III) or Stanford-Binet are preferred.
  - b. If other tests are utilized, Contractor shall provide a rationale for its use.
  - c. Brief versions of tests or screening tools are not acceptable.
5. Scores and interpretations of adaptive behavior assessment scale shall be one of the following or a similar scale:
  - a. Adaptive Behavior Assessment;
  - b. Vineland Adaptive Behavior Scales; or
  - c. Scales of Independent Behavior.
6. Conclusion relating to the Person's limitations in the functional areas required for DHS/DSPD eligibility for services. (See Attachment F, DSPD Eligibility Rule R539-1)
7. Conclusion of the Multi-Axis Diagnoses using Diagnostic Statistical Manual of Mental Disorders (DSM) codes.
8. Reports shall be written in People First language.
9. Evaluation must be appropriate in consideration of the Person's disability, culture, and language.

Reports shall be submitted to DHS/DSPD within 20 business days after the referral/request for evaluation.

#### G. STAFFING REQUIREMENTS

Contractors who employ multiple individuals, must submit each of the required attachments, except Attachment C, for each individual who will be providing services on behalf of the Contractor. Only those individuals who pass the RFP requirements will be eligible to perform services under any contract

awarded to the Contractor.

In the event the Contractor desires individuals not identified in the original proposal to provide services under the contract, each additional individual must be found qualified to provide services by DHS/DSPD. The Contractor must submit an amendment with the required attachments. In reviewing the qualifications of such individuals, DHS/DSPD staff shall use the same criteria set forth in the original RFP.

#### H. TRAINING REQUIREMENTS

Contractor shall attend a mandatory 2-hour training session conducted by DHS/DSPD within 3 months of the contract award. Training shall include requirements for assessments, logistics in conducting evaluations, the referral process, and the payment process. The location and timeframes of the training sessions are at the discretion of DHS/DSPD.

#### I. QUALITY MANAGEMENT

Contractor's evaluations shall be peer reviewed for quality. DHS/DSPD shall determine the number of evaluations to be reviewed and shall randomly select the specific evaluations to be reviewed. If a Contractor receives an unsatisfactory rating on two or more evaluations within a twelve (12) month period, DHS/DSPD may take action as deemed appropriate, including termination of the Contractor's contract.

#### J. SPECIAL RECORD KEEPING REQUIREMENTS

The Contractor shall maintain individual client records for each client served. All DHS/DSPD client records are the property of DHS/DSPD and the State of Utah and shall be furnished to DHS/DSPD upon request. Contractors shall comply with Utah Code Annotated, Title 63, Chapter 2, the Government Records Access and Management Act (GRAMA), in safeguarding and releasing client information.

1. Client records shall be locked and secured to protect the interests of the client.
2. Contractor staff shall have access to only those portions of the record that directly relate to the client's support.
3. The Contractor shall develop and maintain sufficient written documentation to support a comprehensive evaluation and any updates.

Contractors shall retain client records as follows:

1. Child Records: For clients under age 22, the Contractor shall retain records five years after the clients 21st birthday.
2. Adult Records: For clients age 22 and older, the Contractor shall retain the record based on the DHS/DSPD retention schedule.
3. Closed Contractor Records: For records on clients who have transferred to another Contractor or who no longer require services from DHS/DSPD, the Contractor will do the following:
  - a. For clients under age 22, the Contractor retains closed records for five years after the client's 21st birthday.
  - b. For clients age 22 and older, the Contractor retains closed records for five years after the date of closure.

#### K. CONTRACT PAYMENTS

The following is the DHS/DSPD approved APP service code rate schedule. Third-party reimbursements will not be considered.

Description of Services for	Service Code	Unit	Session Rate	Limitations
Eligibility evaluations	APP	Session	\$270.00	
Consultations	APP	Quarter Hour	\$15.00	

Outside 50 miles, the Contractor will follow the guidelines contained in the most current State of Utah Travel Policy.	APP			See State of Utah Travel Policy and Guidelines
--	-----	--	--	--

Supporting documentation must be submitted with all billings. Supporting documentation includes the following:

1. The name of the client who received the service(s).
2. The specific reimbursable service.
3. The date the service was rendered.
4. The qualified Contractor who delivered the service.
5. Specific psychological reports.

Billing will be paid using the 295S Billing Form, and will list the individual receiving service, units of service provided, and the total amount billed for each service. Contractor shall forward the 295S Billing Form to the referring Regional Office for approval. If work is performed in multiple Regions, separate forms must be sent to each referring Regional Office. Payments will be made only for units of service authorized by the Region/Division. All Region Offices may access the service of this contract.

#### IV. **PROPOSAL FORMAT AND CONTENT REQUIREMENTS**

It is requested that proposals be prepared on **8 ½" x 11" paper** using **12 point font**. Pages should be **double-spaced** with **pages numbered consecutively** at the bottom of the page and shall be clipped together with a document clip. Proposals shall include the following information and documents organized in the order shown under tabs labeled with the ***bold and italicized*** headings identified below:

##### A. ***EXECUTIVE SUMMARY***

The Executive Summary portion of the proposal shall include the following:

1. A one or two page summary briefly describing Offeror's proposal and identifying by heading and page number, where each item or piece of information requested in the Technical Requirements section of the RFP can be found in Offeror's proposal.
2. A justification statement supporting any proprietary information request made by the Offeror. This statement shall state the reasons why the designated information is proprietary and identify the page number(s) where the proprietary information is located in Offeror's proposal. The specific information deemed proprietary must be highlighted in its entirety in the body of the original proposal.

(The justification statement is not required if the Offeror has not designated any portion of its proposal proprietary).

##### B. ***TECHNICAL REQUIREMENTS***

This section should constitute the major portion of Offeror's proposal. It requires the Offeror to prepare a specific point-by-point response to each of the stated requirements identified below. The purpose of the stated requirements is obtain information from the Offeror that will allow the Referring Agency to evaluate the Offeror's ability to provide the requested services. Given this objective, Offerors should not simply repeat the information and/or service requirements identified in the RFP in responding to the requirements of this section.

##### **EXPERIENCE**

Offeror must meet the established experience requirements located Section III, Paragraph D, Contractor Qualifications. Offeror shall submit a detailed resume along with two references demonstrating the ability to perform the services described within this RFP. Offeror must also submit resumes and references for all staff members that shall conduct evaluations. References will be verified by DHS/DSPD.

## WORK SAMPLE OF PSYCHOLOGICAL EVALUATION

Offeror (and any staff members) must submit a sample psychological evaluation. The sample must reflect the Offeror's capability to conduct an individualized psychological evaluation, using the following criteria:

1. Identifying information of the individual being evaluated included in the evaluation.
2. Psychological issue is identified.
3. Assessment tools and procedures used were clearly described.
4. Written summary from review of the person's developmental history, educational history, and past psychological evaluations.
5. Scores and interpretation of intellectual functioning test(s).
  - a. Using the most current full versions of an individually administered test of intellectual functioning. (Preferably versions of the Weschler Scales (WISC-IV or WAIS-III) or Stanford-Binet.)
  - b. If another test is utilized, Contractor provided a rationale for its use.
6. Scores and interpretations of adaptive behavior assessment scale are one of the following:
  - a. Adaptive Behavior Assessment;
  - b. Vineland Adaptive Behavior Scales; or
  - c. Scales of Independent Behavior.
7. Conclusion relates to the Person's limitations in the functional areas required for DHS/DSPD eligibility for services. (See Attachment F, DSPD Eligibility Rule R539-1)
8. Conclusion of the Multi-Axis Diagnoses using DSM codes.
9. Evaluation written in People First language.
10. Evaluation tool must be appropriate in consideration of the Person's disability, culture, and language.

### **C. APPENDIX**

Offeror shall submit the following information and/or documents in an Appendix. The required documents and information shall be organized in the order requested below:

1. A **completed and signed** Conflict of Interest Disclosure Statement. All Offerors (except Offerors who are government entities) shall complete and submit a Conflict of Interest Disclosure Statement for all parties and employees who may have a potential conflict of interest should a contract be awarded. (See Attachment A-1)

**Offerors who are government entities** may complete and submit either a Conflict of Interest Disclosure Statement or a Conflict of Interest Certification. (See Attachment A-2)

2. A **completed and signed** Request for Proposals Coversheet. (The coversheet is the two-sided colored sheet accompanying the RFP. If needed, an additional copy may be obtained from Rosalie Nance at (801) 538-4384)
3. A **completed** W-9 Request for Tax ID Form. (See Attachment B)
4. A **completed** Offeror Document Request and Checklist. (See Attachment C)
5. A **completed** Provider Code of Conduct Form. (See Attachment D)

## **V. PROPOSAL EVALUATION CRITERIA**

Proposals will be evaluated and scored using the criteria identified in the Score Sheets attached to this RFP. (See Attachment E) Each area of the evaluation criteria must be addressed in detail in the Offeror's proposal. Offerors who simply repeat information provided in the RFP when responding to a given requirement may receive a lower score with regard to that requirement.

**VI. ATTACHMENTS TO THE RFP**

- A. ATTACHMENT A -- Conflict of Interest Disclosure Statement
- B. ATTACHMENT B -- W-9 Tax ID Form
- C. ATTACHMENT C -- Offeror Document Request and Checklist
- D. ATTACHMENT D -- Provider Code of Conduct
- E. ATTACHMENT E -- Proposal Evaluation Score Sheet
- F. ATTACHMENT F -- DHS/DSPD Eligibility Rule R539-1





Department of Human Services  
120 North 200 West  
Salt Lake City, UT 84103  
(801) 538-4001

**Attachment A: Conflict of Interest - Disclosure Statement****Name of Contractor:**

Does any employee in your organization have a conflict of interest or potential conflict of interest?

☐ YES

*Use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.*

☐ NO

*Please complete the signature section below.*

**Dual Employment** *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:

Title or position with the State of Utah or political subdivision:

Title or position with the Contractor:

Nature and value of the individual's interest in Contractor's business entity:

Individual's decision-making authority with the Contractor and with the State:

How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?

**Related-Party Transactions or Independent Judgment Impaired**

Name and position or title of individual with Conflict of Interest:

(Individual associated with Contractor):

(Individual associated with other party):

Relationship between identified individuals:

Description of transaction involving identified individuals and dollar amount (if any):

Decision-making authority of individuals with respect to that transaction:

Potential effect on this Contract with DHS:

How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?

**Signature:**

I hereby certify that the information I have given is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

**Date:** \_\_\_\_\_

**Notary:** *(Must be completed for all dual employment conflicts of interest)*

STATE OF \_\_\_\_\_

: **ss.**

COUNTY OF \_\_\_\_\_

SUBSCRIBED to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Seal)

NOTARY PUBLIC \_\_\_\_\_

Commission Expires \_\_\_\_\_

**DHS/DSPD Action\*:** ☐ Approve ☐ Deny ☐ Other\*\* \_\_\_\_\_

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* For guidance on how to resolve dual employment situations, please refer to the DHS Conflict of Interest Policy.

\*\* DHS/\_\_\_\_\_ may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA")

**BIRA Recommendation upon DHS/DSPD Referral:** ☐ Approve ☐ Deny ☐ Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revision Date: April 11, 2002

**Form W-9**  
(Rev. January 2003)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you should use the requester's form. However, this form must meet the acceptable specifications described in **Pub. 1167, General Rules and Specifications for Substitute Tax Forms and Schedules**.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

ATTACHMENT C  
**OFFEROR DOCUMENT REQUEST AND CHECKLIST**

Name of Offeror: \_\_\_\_\_

RFP #40303

**INSTRUCTIONS:** Place a check mark (✓) in the "Offeror's Response" column" for each item provided **and** attach the item. (Items shall be submitted in the order requested in the form.) If a requested item does not apply to Offeror, mark "N/A" in the appropriate space. Include the completed form **and** items in the Appendix portion of Offeror's proposal.

All Offerors must submit the first four items requested. The remaining items need only be supplied **as they apply** to Offeror and/or the services Offeror is proposing to provide.

Item/Information Requested		Offeror's Response (✓ or N/A )
<b><i>The following documents <u>must be submitted</u> by all Offerors:</i></b>		
<b>1</b>	<p><u>W-9 Form</u>, "Request for Taxpayer Identification Number (TIN) and Certification" <b>completed and signed</b> by Offeror (W-9 forms can be obtained at the IRS web site: <a href="http://www.irs.ustreas.gov/prod/forms-pubs/forms.html">http://www.irs.ustreas.gov/prod/forms-pubs/forms.html</a> or a local Internal Revenue Service office).</p> <p>If Offeror does not yet have a TIN, Offeror may submit <u>verification of its application for a TIN</u>. (Offerors who submit verification must provide the Requesting Agency with a completed and signed W-9 form before any contract awarded Offeror will be initiated.)</p>	
<b>2</b>	A copy of Offeror's current business license.	
<b>3</b>	A copy of the certificate of incorporation or registration issued to Offeror by the Utah State Division of Commerce authorizing Offeror to conduct business in the State as a corporation, partnership, LLC, DBA, or other business entity.	
<b>4</b>	<p><u>Insurance Requirements:</u> Any Offeror awarded a contract under this RFP (except Offerors who are government entities) shall be required to comply with the insurance requirements of the Department of Human Services Service Contract. (A copy of the current requirements can be obtained from the Referring Agency).</p> <p>a. Offerors who currently have insurance in place that meets the requirements of the DHS service contract for the services it is proposing to provide, <u>shall submit the necessary documents</u> with this RFP.</p> <p>b. Offerors who do not have insurance in place that meets the requirements of the DHS service contract, <u>shall submit a signed letter of intent</u> stating 1) they will comply with the insurance requirements of the DHS service contract should they be awarded a contract <b>AND</b> 2) they will submit the necessary documents verifying their insurance coverage to the Requesting Agency before any contract awarded to them is initiated.</p>	
<b><i>The documents below must only be submitted <u>as they apply</u> to Offeror and/or the services Offeror is proposing to provide:</i></b>		
<b>5</b>	The names and addresses of Offeror's partners or corporate officers together with a current organization chart.	
<b>6</b>	Evidence of Offeror's status as a Medicaid Provider.	
<b>7</b>	A copy of Offeror's current professional license.	
<b>8</b>	Evidence of Offeror's membership in or approval by a standard-setting professional society.	
<b>9</b>	The name, telephone number, and street <u>and</u> mailing address of each of Offeror's service facilities.	

*Provider/Employee/Volunteer Certification Form*

**PROVIDER CODE OF CONDUCT  
CERTIFICATION OF UNDERSTANDING AND COMPLIANCE**

**(To be signed by all DHS Providers and their employees, volunteers, and subcontractors)**

I have read and been provided with a personal copy of the Provider Code of Conduct for the Utah Department of Human Services.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

\_\_\_\_\_  
Signature of Employee or Volunteer

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Program/Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

**The Provider will place a copy of this signed "Certificate of Understanding and Compliance" in the signer's personnel file and will make that file available to DHS upon request.**

[http://www.hsfolio.state.ut.us/CGI-BIN/om\\_isapi.dll?clientID=4006184&infobase=dhspol.nfo&softpage=Browse\\_Frame\\_Pg42](http://www.hsfolio.state.ut.us/CGI-BIN/om_isapi.dll?clientID=4006184&infobase=dhspol.nfo&softpage=Browse_Frame_Pg42)

## Attachment E

[illegible]

## **Rule R539-1. Eligibility.**

### **R539-1-1. Eligibility for General Developmental Disability Services.**

### **R539-1-2. Eligibility for Developmental Disabilities/Mental Retardation Waiver Services.**

#### **R539-1-1. Eligibility for General Developmental Disability Services.**

- (1) The Division will serve those Applicants who meet the definition of disabled in Subsections 62A- 5-101(4)(a)(i) through (iv) and 62A-5-101(4)(b).
- (2) When determining limitations in the areas listed below, age appropriate abilities must be considered.
  - (a) Self-care - An Applicant who requires assistance, training and/or supervision with eating, dressing, grooming, bathing or toileting.
  - (b) Expressive and/or Receptive Language - An Applicant who lacks functional communication skills, requires the use of assistive devices to communicate, or does not demonstrate an understanding of requests or is unable to follow two-step instructions.
  - (c) Learning - An Applicant who has a valid diagnosis of mental retardation based on the criteria found in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
  - (d) Mobility - An Applicant with mobility impairment who requires the use of assistive devices to be mobile and who cannot physically self-evacuate from a building during an emergency.
  - (e) Capacity for Independent Living - An Applicant (age 7-17) who is unable to locate and use a telephone, cross streets safely, or understand that it is not safe to accept rides, food or money from strangers. An adult who lacks basic survival skills in the areas of shopping, preparing food, housekeeping, or paying bills.
  - (f) Self-direction - An Applicant (age 7-17) who is significantly at risk in making age appropriate decisions. An adult who is unable to provide informed consent for medical/health care, personal safety, legal, financial, habilitative, or residential issues and/or who has been declared legally incompetent. A person who is a significant danger to self or others without supervision.
  - (g) Economic self-sufficiency - (This area is not applicable to children under 18.) An adult who receives disability benefits and who is unable to work more than 20 hours a week or is paid less than minimum wage without employment support.
- (3) The Applicant, parent of a minor child, or the Applicant's Guardian must be a Resident of the state of Utah prior to the Division's final determination of eligibility. Resident is an Applicant or Guardian who is physically present in Utah and provides a statement of intent to reside in Utah.
- (4) The Applicant or Applicant's Representative shall be provided with information about Division service options and a copy of the Division's Guide to Services, Medicaid, state and local Family Councils, community resources (e.g. vocational rehabilitation, SSI, etc.). If an Applicant's Representative is interested in residential services for an Applicant who is 17 years of age and under, the Applicant's Representative shall be provided with (in addition to the information listed above) an Office of Recovery Services (ORS) Pamphlet and given instructions on how to contact ORS in order to request a required Duty of Support application.
- (7) It is the Applicant's or Applicant's Representative's responsibility to ensure that the appropriate documentation is provided to the Intake worker to determine eligibility.
- (8) The following documents are required to determine eligibility for State funded developmental disabilities services.
  - (a) A Division Eligibility for Services Form 19 signed by a licensed physician, licensed psychologist or certified school psychologist. For children under seven years of age, two separate Eligibility for Services Form 19c signed by a certified or licensed professional working in the disability field will be accepted in lieu of the Eligibility for Services Form 19. The professional will indicate on the Eligibility for Services Form 19c that the child has substantial functional limitation in three areas of major life activity or is at risk due to an existing condition associated with these limitations; that the limitations are likely to continue indefinitely; and what assessment provides the bases of this determination.
  - (b) Inventory for Client and Agency Planning (ICAP) assessment;
  - (c) Social History completed by or for the Applicant within one year of the date of application;
  - (d) Psychological Evaluation or, for children under seven years of age, a Developmental Assessment may be used as an alternative; and

(e) Supporting documentation for all functional limitations identified on the Division Eligibility for Services Form 19 or Division Eligibility for Services Form 19C shall be gathered and filed in applicant's record. Additional supporting documentation shall be required when eligibility is not clearly supported by the above-required documentation. Examples of supporting documentation include, but are not limited to, mental health assessments, educational records, neuropsychological evaluations, and medical health summaries.

(9) If eligibility documentation is not completed within 90 calendar days of initial contact, a written notification letter shall be sent to Applicant or Applicant's Representative indicating that the intake case will be placed in inactive status. The Applicant or Applicant's Representative may activate the application at anytime thereafter by providing the remaining required information. The Applicant or Applicant's Representative shall be required to update information.

(10) When all necessary eligibility documentation is received from the Applicant or Applicant's Representative, Region staff shall determine the Applicant eligible or ineligible for funding for developmental disabilities supports.

(11) A Notice of Agency Action, Form 522-I, and a Hearing Request, Form 490S, shall be mailed to each Applicant or Applicant's Representative upon completion of the determination of eligibility or ineligibility for funding. The Notice of Agency Action, Form 522, shall inform the Applicant or Applicant's Representative of eligibility determination and placement on the waiting list. The Applicant or Applicant's Representative may challenge the Notice of Agency Action by filing a written request for an administrative hearing before the Department of Human Services, Office of Administrative Hearings.

(12) Non-Waiver Persons who do not meet Waiver level of care must apply for a Medicaid Card prior to entering into services. Non-Waiver Persons who meet Waiver level of care must apply for determination of financial eligibility using Form 927 prior to entering into services. Non-Waiver Persons who apply for a Medicaid Card or for a determination of Waiver financial eligibility shall provide the support coordinator with the determination letter within 10 days of the receipt of such documentation. Non-Waiver Persons who fail to comply with these requirements shall have funding reduced to the state match rate.

(13) This policy does not apply to Applicants who meet the separate eligibility criteria for personal assistance and brain injury outlined in Rule 539-1-3 and Rule 539-1-4 respectively.

(14) Persons not participating in a Waiver or Persons participating in a Waiver but receiving non-Waiver services may have reductions in service packages or be discharged from services completely, due to budget shortfalls, reduced legislative allocations and/or reevaluations of eligibility.

#### **R539-1-2. Eligibility for Developmental Disabilities/Mental Retardation Waiver Services.**

(1) Matching federal Medicaid funds are available through the Home and Community-Based Waiver for People with Mental Retardation and Developmental Disabilities to provide an array of home and community-based services that an eligible individual needs. To be determined eligible for Waiver funding Applicants must:

(a) Meet all state defined, age-appropriate eligibility requirements as listed in R539-1-1; and

(b) Meet the following requirements, as contained in the State Implementation Plan which is incorporated by reference in the Department of Health Rule R414-61 (August 9, 2001) which this Division incorporates by reference:

(i) The individual is Medicaid eligibility;

(ii) The individual's diagnosis of mental retardation/developmental disability is documented by a physician or psychologist's assessment;

(iii) A qualified waiver support coordinator has documented that the individual meets the level of care requirements specified in R414-502-8: Criteria for Intermediate Care Facility for the Mentally Retarded; and

(iv) The individual, but for the provision of waiver services would otherwise require placement in an ICF/MR to receive needed services.

(c) A Notice of Agency Action, Form 522-F, and a Hearing Request, Form 490S, shall be mailed to each Applicant or Applicant's Representative upon completion to inform of the determination of eligibility or ineligibility for the Waiver. The Applicant or Applicant's Representative may challenge the Notice of Agency Action by filing a written request for an administrative hearing before the Department of Health.

(2) Applicants who are found eligible for Waiver funding may participate in the Medicaid Waiver. If the Applicant chooses not to participate in the Waiver, their funding will be equivalent to the State portion of the Waiver budget they would have received had they participated in the Waiver.

(3) Children six years of age, who are currently receiving Division funding, must initiate a division Form 19 before a child's seventh birthday to re-determine eligibility for Division funding. If the child is determined to not be eligible or the Division Form 19 is not returned within 90 calendar days from the day a Form 19 was either given or mailed to the Applicant or Applicant's Representative, a Notice of Agency Action, Form 522I and a Notice of Hearing Rights Form 490S shall be sent to the Applicant or Applicant's Representative.